

**Montana Law Enforcement Academy  
Intent to Participate in POST Testing**

Applicants Name:	Social Security #:
Address:	Primary Telephone #:
City, State, ZIP:	Alternate Telephone #:
Applicants Agency:	

I hereby request to participate in the Montana Law Enforcement Academy Physical Fitness Assessment.

I have completed my Medical Waiver and Physicians Release, signed by my Physician, and will present it to the Testing Site Proctor at the time of testing.

I understand that failure to present a completed and signed Medical Waiver and Physicians Release will prevent me from participating in the Physical Fitness Skills Testing.

I will test at:

On the date of:

Location	
Date	

Complete form and immediately return to:

Montana Law Enforcement Academy  
2260 Sierra Road East  
Helena, MT 59602-8839

Refer to MLEA Basic Programs Course Schedule for locations and dates of testing. The POST written examination will be administered at 8:00 AM. For those officers who will only be participating in the Physical Fitness Assessment, you do not need to be on site until 12:00 PM.

Questions can be submitted to the MLEA Training Officers / Test Proctors at:

Mr. Gale Albert	(406) 251-9865
Mr. Bill Baldi	(406) 652-6719
Mr. Dale Aschim	(406) 444-9951